


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90099 026 \*\*\*\*61.25

**DOCUMENT # N00820**

1. Entity Name  
**A.R.G. CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**851 MILES AVE.  
 #30  
 WINTER PARK, FL 32789 US**

Mailing Address  
**851 MILES AVE.  
 #30  
 WINTER PARK, FL 32789 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

NOUUTING



03162005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2578287**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TACNER, JENNIFER  
 851 MILES AVE # 27  
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **BARLEY, MARGARET**  
 STREET ADDRESS **851 MILES AVENUE #1**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **P**  Delete  
 NAME **RANSON, CLARK**  
 STREET ADDRESS **851 MILES AVE # 10**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **DP**  Delete  
 NAME **TACHER, JENNIFER**  
 STREET ADDRESS **704 RAYMOND CIR**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **SD**  Delete  
 NAME **FISHER, LINDA**  
 STREET ADDRESS **851 MILES AVE #15**  
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **T**  Delete  
 NAME **JONES, MITCHELL**  
 STREET ADDRESS **14474 JAMAICA DOGWOOD DR**  
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **- D**  Change  Addition  
 NAME **Richard Ropnick**  
 STREET ADDRESS **851 Miles Ave, Unit #14**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **- Pres**  Change  Addition  
 NAME **James Coward**  
 STREET ADDRESS **851 Miles Ave. Unit #4**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mitchell Jones **Mitchell Jones** 3/28/05 407-618-1172 x250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #